

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION | <i>AS</i> | | 9-2-00 |
| O.I.P.E. CLASSIFIER | | 67503 | 10-31-00 |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 + Restricted O Objected

| Claim | Date |
|----------------|---------|
| Final Original | |
| 1 | 2/16/03 |
| 2 | 7/9/03 |
| 3 | 2/21/03 |
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| Claim | Date |
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| Final Original | |
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| Claim | Date |
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| Final Original | |
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REST AVAILABLE COPY

If more than 150 claims or 10 actions
staple additional sheet here

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